

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10716235 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2		1						
3		1						
4								
5		1						
6		1						
7		1						
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TOTAL IND.	4							
TOTAL DEP.	19							
TOTAL CLAIMS	23							

	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.								
TOTAL CLAIMS								